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Respondent

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BEFORE THE
BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS
OF THE STATE OF CALIFORNIA

In the Matter of the Accusation Against:)

WILLIAM PAUL KEA, Ph.D.)

1130 Meadow Wood Drive)

Covina, California 91724,)

Psychologist's License No. PSY-13617,)

Respondent.)

Case No. W191

OAH No. L-2000110017

DECISION

The attached proposed Decision of the Administrative Law Judge is hereby accepted and adopted by the Board of Psychology as its Decision of the in the above-entitled matter.

This Decision shall become effective on December 28, 2001.

IT IS SO ORDERED this 28th day of November 2001.

BOARD OF PSYCHOLOGY

M. R. Greenberg

MARTIN R. GREENBERG, Ph.D., PRESIDENT
FOR THE BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS

lcp

BEFORE THE
BOARD OF PSYCHOLOGY
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation
Against:

WILLIAM PAUL KEA, Ph.D.
1130 Meadow Wood Drive
Covina, California 91724,

Psychologist's License No. PSY-13617,

Respondent.

Case No. W191

OAH No. L-2000110017

PROPOSED DECISION

Vincent Nafarrete, Administrative Law Judge of the Office of Administrative Hearings, heard this matter at Los Angeles on July 23 - 25 and 30 - 31 and August 1, 2001. Complainant was represented by Mark T. Roohk, Deputy Attorney General. Respondent William Paul Kea, Ph.D., was present throughout the hearing and represented by Christopher J. Zopatti, Attorney at Law.

At the commencement of the hearing, respondent's motion to dismiss the accusation on grounds of the destruction of evidence was denied. On conclusion of the evidentiary hearing, the record was held open for respondent to file typewritten or transcribed copies of respondent's Psychology Note Summaries (Exhs. A and B) and for both parties to file written argument.

On August 22, 2001, respondent filed the typewritten or transcribed psychology note summaries which were marked as Exhibits A-1 and B-1, respectively. On September 14, 2001, both complainant and respondent filed written arguments, which were marked as Exhibits 11 and GG, respectively. Respondent's trial brief was marked as Exhibit HH.

The primary issue presented for decision is whether respondent engaged in sexual relations or sexual misconduct with a patient.

Oral and documentary evidence having been received and written arguments received, the Administrative Law Judge submits this matter for decision on September 14, 2001, and finds as follows:

FACTUAL FINDINGS

1. On or about October 21, 1993, the Board of Psychology issued psychologist's license no. PSY-13617 to William Paul Kea, Ph.D. (hereinafter respondent). Said license is valid and in full force and effect, having been renewed until the expiration date of May 31, 2003. Respondent does not have any current or prior disciplinary history on his psychologist's license.

2. (A) On July 26, 2000, the Accusation was made and filed by complainant Thomas S. O'Connor in his official capacity as Executive Officer of the Board of Psychology, Department of Consumer Affairs, State of California (hereinafter Board).

(B) On or about August 8, 2000, respondent filed a Notice of Defense, requesting a hearing to permit him to present a defense to the allegations contained in the Accusation.

(C) On June 11, 2001, a prehearing conference was held in this matter. On or about July 3, 2001, the Board properly served respondent with a Notice of Hearing. This matter thereupon proceeded to hearing. Jurisdiction exists in this matter.

3. (A) Respondent has a Master of Arts and a doctorate in clinical psychology from the California School of Professional Psychology in Los Angeles. During his doctoral studies, he was a psychology intern with the Los Angeles Police Department. After attaining his doctorate, he underwent post-doctorate fellowship training with the U.S. Army as a chief psychologist at the military post at Ft. Leavenworth, Kansas. Subsequently, respondent served as a psychologist at the federal penitentiary in Lompoc and with the U.S. Army.

(B) Currently, respondent has a private practice in psychology with offices in Covina, Encino, and Beverly Hills. He is also employed on a full-time basis as a staff psychologist and drug and alcohol abuse counselor and treatment coordinator with the federal Bureau of Prisons detention center in Los Angeles. Respondent is a reserve officer in the U.S. Army and attends law school. He is married and has three children.

4. In 1997 and 1998, respondent saw and treated patients in his private practice at offices in Covina Hills and the Rosewood Counseling Center in Upland. In December 1997, respondent received the referral of the patient J.H. (hereinafter patient, patient JH, or JH) from the Rosewood Counseling Center. Respondent called patient JH and scheduled her first appointment for January 2, 1998.

5. As of January 1998, JH was 32-year old woman and single parent with a four year old son and ten year old daughter. She lived with her two children in her boyfriend T.A.'s home. Patient JH sought counseling because she was having problems with her boyfriend and her son's behavior. Her boyfriend told her that her son needed therapy.

6. (A) On January 2, 1998, respondent met with patient JH and her son and boyfriend TA in an initial counseling session in Upland. Patient JH told respondent of her son's disobedient and assaultive behavior and how the boy's behavior affected her relationship with her boyfriend. Respondent received information on the family's medical and counseling history and discussed the boy's behavior and the relationships between the boy and JH's boyfriend and between the boyfriend and the patient. Respondent met with patient JH privately and tried to speak with her son as well.

(B) Respondent reached an initial impression of the boy's condition, recommended an award system for controlling his behavior, and discussed the responsibilities of each family member. Respondent suggested that he not only meet with the boy but also with patient JH and her boyfriend in separate sessions. Patient JH and TA agreed to weekend counseling sessions due to the patient's busy schedule of attending community college and taking care of her two children.

(C) Subsequently, respondent saw the patient's son on several occasions. Because the patient's two children visited their father on alternate weekends under a custody or visitation agreement, her son was not always available for weekend therapy sessions with respondent. According to his psychology summary notes [Exh. B], respondent counseled the son on the following dates: January 26th, February 1st, March 8th, April 12th, May 9th, June 10th, and June 28th. Respondent also counseled the boy when he and his sister accompanied their mother to her sessions.

7. After the initial office visit of January 2nd, respondent met with and counseled patient JH and her boyfriend TA together for two more weekend sessions on January 10th and 18th. During one of these early sessions, patient disclosed to respondent with her boyfriend present that she had been raped or sexually assaulted by someone she knew when she was 13 years old. The boyfriend indicated that he was abusing Vicodin. And the patient and her boyfriend spoke of their troubled relationship while living together. Respondent counseled the patient on raising her son and advised the boyfriend of the dangers of abusing drugs. He noted that the patient had poor self-esteem and had problems with the dynamics of their family unit. Early in his therapy with her, respondent reached the initial diagnosis that JH was suffering from depression.

8. (A) On or about February 8, 1998, the patient's relationship with her boyfriend deteriorated and she came to the weekly therapy session alone. The patient was angry that her boyfriend had not accompanied her, she said she had suicidal thoughts in the past. She indicated she had taken the medication Zoloft for depression but felt the medication affected her sexually. Respondent noted an apparent personality disorder and an increase in depression.

(B) Two days later, the patient called respondent and indicated that her boyfriend had asked her and her children to move out from his home. Respondent found the patient to be anxious and suicidal. He called TA and gave TA the impression that respondent would consider him to be at fault if JH killed herself. Over the next two or three days, respondent called the patient JH several times and called her sister and grandmother as well to check on her well-being. He gave JH his pager number so that she could call him at any time. Respondent also gave JH the telephone number at his Bureau of Prisons job.

9. (A) Beginning on weekends in February 1998, respondent saw patient JH in individual counseling sessions and both the patient and her son in joint sessions. Patient's boyfriend did not attend any more sessions. Respondent also met the patient's ten year old daughter and discussed the daughter's feelings about her father and her mother's boyfriend. The sessions lasted about one hour and took place in either respondent's office in Upland or Covina Hills.

(B) In February 1998, including February 28th, respondent had discussions or therapy sessions with patient and her son and daughter in his office. On one or more occasions, the daughter noticed the photograph of respondent's children in the office and asked respondent questions of his family, ethnic background, and celebrity clients. In response to the girl's various questions and for the purpose of building rapport, respondent stated he was married, had three daughters, and was born in Korea. Respondent told the girl that he had seen or met certain celebrities but did not state that he treated or had patients who were celebrities or entertainers. Respondent did not give any names of celebrities as his patients. Respondent also advised the daughter in so many words that he could not have any more children because he had undergone a vasectomy.

(C) It was not established that respondent made any unauthorized disclosures of the names of his patients or any other unauthorized communications of information received in professional confidence from patients.

10. (A) Beginning in or about early February 1998 and continuing through April 1998, respondent also spoke to patient JH on the telephone on a frequent and sometimes daily basis. Patient JH would call or page respondent frequently and sometimes several times a day to talk about her feelings and problems with her children and boyfriend. Respondent called the patient at her home to change her appointment, to check on her psychological state, and to offer counseling about her relationship with TA.

(B) Eventually, the telephone conversations between respondent and patient JH became personal and social in nature. Respondent spoke of his spouse and family, his past wives and personal life, and his daily routine at work and at home. He related he met his wife while they both worked at a supermarket. He spoke of his interest in computers, his twin daughters, his wife's habits, his home, and his going to the movie Titanic with his wife. He asked how the patient was doing and told her he thought of her. Patient JH began to grow fond of respondent and looked forward to his calls but, at the same, she was confused about

their relationship since patient JH was periodically seeing and always trying to reconcile with her boyfriend.

11. (A) In a session on or about March 22, 1998, patient JH disclosed to respondent that her feelings for her boyfriend were changing and that she was attracted to respondent. Respondent addressed the patient's feelings by discussing the proper boundaries of the therapist-patient relationship and told her she could learn more about herself through this professional relationship without any sexual involvement. Respondent related to the patient that he had been accused of sexual harassment at a prior job and was aware of boundary transgressions. According to respondent's testimony, the patient also revealed that she did not wear underwear and shaved her pubic hair. Respondent did not note this revelation in his psychology summary notes because he asserts he did not want to embarrass the patient if the records were audited. .

(B) At this session or earlier, respondent determined that the patient tended to sexualize her relationships. At the end of the session, respondent hugged the patient for the first time and walked her to her car. The patient began to believe that respondent was attracted to her as well.

12. Beginning in or before March 1998, patient JH wore inappropriate clothing, such as short skirts, on several occasions to her counseling sessions. Respondent advised her to wear less revealing clothing and began to compliment the patient when she did wear appropriate dress to their sessions in order to reinforce his advice. He continued to hug her at the start and at the end of each counseling session. Respondent saw the patient in therapy sessions on March 29th, April 5th, and April 19th; respondent noted the patient spoke of her feelings about her boyfriend and noted that her prognosis was positive.

13. (A) Outside of the office, on April 7, 1998, respondent called patient JH at her home and told her he thought of her all the time. The patient replied that she thought of him. On April 8th, respondent called the patient twice. She was happy that he called and began to long for an intimate relationship with him. On April 9th, respondent called the patient and stated he wanted to hear her voice. The patient was still confused about their relationship since she still had feelings for her boyfriend.

(B) On April 10th, respondent called the patient twice. He said he was going home to make Sloppy Joe sandwiches for his daughters' dinner. On April 24th, respondent called JH while her boyfriend was visiting her. On April 25th, respondent answered the patient's page and told her he was going into the office to see patients.

(C) The patient memorialized these conversations with respondent on these dates in her journal. On April 25th, she wrote that respondent was very romantic and understanding and made her feel happy. She thought they would have a perfect relationship except that respondent was married, had children, and was her psychologist.

14. In early April 1998, patient JH went to her weekly session with respondent with her two children. After the children were directed to the waiting room, respondent hugged the patient and started the counseling session. At the end of the session, patient JH got up to leave. Respondent quickly kissed patient JH on her lips with a closed mouth.

15. On or about April 19, 1998, respondent saw patient and noted that she had made progress in her therapy. A week later, on or about April 26, 1998, patient went to her session with her two children. Respondent hugged the patient. He then spoke to the children for a few minutes and directed them to the waiting room. In his locked office, respondent then drew his chair close to the patient, kissed her, fondled her thighs and breasts, and placed his mouth on her breasts. This visit ended when patient's son kept knocking on the door to the office. Respondent walked the patient and children to their car and hugged the patient. On this or another occasion, the daughter observed respondent to kiss her mother. Afterwards, the patient wrote in her journal that she found the incident exciting and she longed to be with respondent.

16. (A) On or about Friday, May 1, 1998, patient JH went out to dinner with her grandmother. Afterwards, she went by herself to her appointment at respondent's Covina Hills office that was scheduled for 9:00 p.m.

(B) On said date, patient found the office to be dark. Respondent appeared and led her to an office other than his own. He hugged the patient and gave her a kiss. He had the patient sit on a recliner and he sat on a couch. Respondent complimented the patient on her appearance and asked how she had been. Respondent then asked patient JH to sit next to him on the couch and began kissing her.

(C) Subsequently, respondent touched the patient's breasts and legs beneath her skirt. He unbuttoned her body suit and then had sexual intercourse with the patient on the couch in the office. After the act of sexual intercourse, respondent left the office and went to the restroom to wash himself. The patient dressed, got up to leave, and saw respondent washing himself in the restroom. Respondent walked her to her car and gave her a hug and kiss. He told her he felt guilty about their encounter.

17. (A) The next day, on Saturday, May 2nd, respondent called patient JH at her home. The patient told him that she had vaginal bleeding. Respondent told her that he had gotten into an argument with his wife because he smelled of women's perfume. He asked if he could come over to patient's home. She said all right.

(B) On May 2nd, respondent went to the patient's home in the late afternoon. They talked and watched a golf tournament on the television before starting sexual activities. The patient performed an act of oral sex upon respondent and noticed for the first time that respondent was not circumcised. Respondent and the patient then had sexual intercourse twice in her home. Respondent showered and left.

(C) At the end of the weekend, patient wrote in her journal that she was confused because she was attracted to respondent but still had feelings for her boyfriend.

18. (A) From May 2, 1998, and continuing through June 1998, respondent went to the patient's home on four occasions and had sexual intercourse with the patient on three occasions there. Patient's daughter corroborated that respondent had come over to their house at least two times. The daughter saw respondent hug her mother once at their home.

(B) On or about May 9, 1998, patient JH went to her weekly scheduled appointment with respondent. She was accompanied by her two children. While the children were in the waiting room, respondent and the patient had a brief sexual encounter in his office which culminated in sexual intercourse.

(C) Thereafter, respondent had sexual intercourse with patient JH in his office on three more occasions on or about the following dates: June 7, 1998; June 28, 1998; and July 18, 1998. Respondent has psychology summary notes for visits on June 6th, June 19th, and July 12th.

19. Respondent last saw patient JH in psychological sessions in his office on July 12 and July 18, 1998. In the July 12th session and in her journal, patient continued to express confused and ambivalent feelings towards her long-standing boyfriend TA. Patient was always seeing and breaking up with her boyfriend and alternatively happy and depressed about their relationship. Respondent noted she had some depression and was dealing with issues. On July 18, 1998, the therapist-patient and sexual relationship between respondent and the patient ended when she told him she had gone out on a blind date and on outings with friends and cousins. Respondent became upset and told her she should wait for him until he finished law school. Thereafter, respondent and patient gradually stopped calling each other.

20. Based on Findings 4 - 19 above, respondent engaged in acts of sexual abuse, sexual relations, or sexual misconduct with a patient by having sexual contact and sexual intercourse with her on approximately eight occasions from April 26, 1998, through July 18, 1998, in his office and at her home. Respondent's acts of sexual misconduct were substantially related to the qualifications, functions, or duties of a licensed psychologist in that respondent had sexual contact and intercourse with the patient while treating and counseling her and during the course of a therapist-patient relationship.

21. (A) Based on Findings 4 - 20 above, respondent transgressed the boundaries of the therapist-patient professional relationship on multiple occasions from February 1998 until July 1998 by making excessive disclosures of his personal and family life to the patient, by frequently speaking on the telephone with the patient on personal and social matters, and by visiting the home of the patient for social and sexual purposes.

(B) During the course of said professional relationship, respondent revealed to the patient in both therapy sessions and on the telephone many details of his past and current

personal and family history, including his wife's predilections, his past marriages, and his own feelings, as well as anecdotes and stories of past and present jobs and clients. Respondent's disclosures to the patient, as related by the patient in her testimony and journal, were so numerous and covered so much of his personal and professional life that the purpose of the disclosures cannot have been for any therapeutic purpose but for the eventual purpose of gaining the confidence, trust, and affection of the patient to satisfy his own sexual gratification.

(C) Respondent's initial visits to the patient's home may have been entirely proper if he was concerned about the risk of suicide for the patient or the patient was unable to transport herself to his office for therapy. However, once respondent began visiting the patient's home for social and then sexual purposes, respondent's boundary crossings by visiting the home were violative of the standard of care.

(D) It was not established that respondent made unwarranted or unethical disclosures of his personal and professional life to the patient's children. The evidence demonstrated that his disclosures to the patient's ten year old daughter or four year old son were direct responses to the daughter's questions in the office, did not take much time, and were preliminary to any therapeutic discussions with the patient or the children.

(E) It was not established by clear and convincing evidence that respondent masturbated while talking on the telephone with the patient or told the patient that he was masturbating while on the telephone with her.

(F) Respondent's violations of the boundaries of the therapist-patient professional relationship were not conducted for the purposes of therapy and were not relevant to any therapy or treatment for the patient. As such, respondent's boundary crossings were departures from the standard of care and constituted repeated acts of negligence.

22. Respondent failed to adequately address the issues of transference with the patient after it became evident that the patient was attracted to him and dressing in a provocative or seductive manner. In February 1998, when he became concerned the patient was a suicide risk and gave her his telephone numbers, respondent and patient began to frequently speak with each other on the telephone. Sometime at the start of their counseling relationship, patient stated she wore no underwear and shaved her pubic hair; she also wore short skirts to the sessions. Respondent had become aware that the patient had been raped as a teenager and had diagnosed her with depression and a tendency to sexualize relationships. On March 22nd, when patient told respondent that she was attracted to him, respondent discussed the concepts of transference and boundaries with the patient. He counseled her that a therapist and patient could not have a romantic or sexual relationship and advised her to wear more appropriate clothing to the sessions. However, respondent failed to follow-up on the patient's feelings for him and to continue to discuss transference and boundary issues in subsequent sessions with the patient. Respondent failed to reinforce the concept in subsequent sessions that a psychologist-patient relationship cannot include romance or sexual involvement.

23. It was not established that respondent was required to address the issue of counter-transference in counseling sessions with the patient. If respondent found himself attracted to the patient, it was incumbent upon him to seek therapy himself so that any feelings he had would not interfere with the therapist-patient relationship.

24. (A) In this matter, patient JH and her daughter were credible witnesses. Each testified in a rather straightforward and matter-of-fact manner and did not embellish their testimony with excessive and suspect details. Neither demonstrated an obvious bias against the respondent or questionable demeanor. The testimony of the patient was corroborated in certain instances by entries in her journal and the testimony of her daughter and boyfriend. Furthermore, the fact that patient knew so much of respondent's personal and professional life, including the fact that he was not circumcised and was attending law school, has a definitive tendency in reason to show not only that she and respondent frequently communicated but also were close and intimate with each other.

(B) On the other hand, respondent's denials of any sexual contact or relations with the patient were not persuasive. He denies having made frequent or long telephone calls to the patient, denies having made several visits to her home, and denies having any personal or social relationship with her. Yet, respondent admitted that he gave the patient his telephone numbers and called her or returned her pages. He stated he did visit her home on one occasion when her car was not running and he wanted to see home setting and on another occasion to leave his business card. He stated that he walked the patient to her car once at night. He admitted having made disclosures of his personal and professional life to the patient but for purposes of therapy and building rapport. He testified that the patient revealed she wore no underwear and shaved her pubic hair, wore short skirts to sessions, and confessed she was attracted to him. Respondent's statements and testimony do not necessarily controvert or make the patient's narrative difficult to accept or believe but demonstrate the likelihood and opportunity for a personal and intimate relationship. In short, respondent's version of the nature of his relationship with the patient does not ring true when weighed against that of the patient. Respondent's argument that the patient could not have had sexual relations with him because she did not mention or see that he has a dime-sized and raised mole on his right front hip was not persuasive, for it is not clear that a person would necessarily have noticed a mole while engaged in sexual relations.

25. The costs of investigation and enforcement of this matter total \$20,967.82, as established by the certifications of costs [Exhs. 3 and 4].

* * * * *

Based on the foregoing findings of fact, the Administrative Law Judge makes the following determination of issues:

CONCLUSIONS OF LAW

1. Grounds exist to revoke or suspend respondent's license for unprofessional conduct pursuant to Business and Professions Code Section 2960(o) in that respondent engaged in acts of sexual abuse, sexual relations, or sexual misconduct with a single patient, which acts were substantially related to the qualifications, functions, or duties of a licensed psychologist, as set forth in Findings 4 - 20 above.

2. Grounds further exist to revoke or suspend respondent's license for unprofessional conduct pursuant to Business and Professions Code Section 2960(j) in that respondent committed acts of gross negligence in the practice of his profession by engaging in sexual abuse, sexual relations, or sexual misconduct with a patient, as set forth in Findings 4 - 20 and Conclusions of Law no. 1 above.

3. Grounds also exist to revoke or suspend respondent's license for unprofessional conduct pursuant to Business and Professions Code Section 2960(r) in that respondent committed repeated acts of negligence in the practice of his profession by engaging in sexual misconduct with the patient, violating boundaries of the therapist-patient relationship, and failing to address issues of transference in said relationship, based on Findings 20 - 22 above.

4. Grounds do not exist to revoke or suspend respondent's license pursuant to Business and Professions Code Section 2960(h) in that it was not established that respondent willfully or without authorization disclosed information received in professional confidence from a patient or patients, as set forth in Findings 9 and 21D above.

5. Grounds exist to direct respondent to pay for the reasonable costs of investigation and enforcement and for the monetary costs of probation monitoring of this matter pursuant to Business and Professions Code Section 125.3 and Section 2964.6 in that respondent violated the Psychology Licensing Law, based on Conclusions of Law nos. 1 - 3 above and Finding 25 above.

* * * * *

WHEREFORE, the following Order is hereby made:

ORDER

Psychologist's license no. PSY-13617 and licensing rights previously issued by the Board of Psychology to respondent William Paul Kea, Ph.D., are revoked, based on Conclusions of Law nos. 1 - 3, jointly and for all.

Respondent William Paul Kea, Ph.D., will not be ordered to pay the Board of Psychology for its reasonable costs of investigation and enforcement of this matter at this time. Payment of said costs may be ordered as a condition of reinstatement of the license in the discretion of the Board of Psychology.

DATED: Oct-26, 2009



Vincent Nafarete
Administrative Law Judge
Office of Administrative Hearings

B

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8
9 **BEFORE THE**
BOARD OF PSYCHOLOGY
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

Case No. W. 191 . . .

12 WILLIAM KEA, PH.D.
13 1130 Meadow Wood Drive
14 Covina, California 91724

ACCUSATION

15 Psychologist's license No. PSY 13617

16 Respondent

17
18 Complainant alleges:

19 **PARTIES**

20 1. Thomas S. O'Connor ("Complainant") brings this accusation solely in his
21 official capacity as the Executive Officer of the Board of Psychology, Department of Consumer
22 Affairs.

23 2. On or about October 21, 1993, the Board of Psychology issued
24 Psychologist's license Number PSY 13617 to William Kea, Ph.D. ("Respondent"). The
25 Psychologist's license was in full force and effect at all times relevant to the charges brought
26 herein and will expire on May 31, 2001, unless renewed.

JURISDICTION

3. This Accusation is brought before the Board of Psychology ("Board"), under the authority of the following sections of the Business and Professions Code ("Code").

4. Section 2960 of the Code provides that the Board may refuse to issue or may issue with terms and conditions, or may suspend or revoke the registration or license if the applicant, registrant or licensee has been guilty of unprofessional conduct. Unprofessional conduct shall include, but not be limited to:

...

(h) Willful, unauthorized communication of information received in professional confidence.

...

(j) Being grossly negligent in the practice of his or her profession.

(k) Violating any of the provisions of this chapter or regulations duly adopted thereunder.

...

(o) Any act of sexual abuse, or sexual relations with a patient, or sexual misconduct which is substantially related to the qualifications, functions or duties of a psychologist or psychological assistant.

...

(r) Repeated acts of negligence.

5. Section 2960.1 of the Code provides that, notwithstanding Section 2960, any proposed decision or decision issued under this chapter in accordance with the procedures set forth in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code, that contains any finding of fact that the licensee or registrant engaged in any act of sexual contact, as defined in Section 729, when that act is with a patient, or with a former patient when the relationship was terminated primarily for the purpose of engaging in that act, shall contain an order of revocation. The revocation shall not be stayed by the administrative law judge.

6. Section 2964.6 of the Code provides that an administrative disciplinary decision that imposes terms of probation may include, among other things, a requirement that the licensee who is being placed on probation pay the monetary costs associated with monitoring the probation.

FIRST CAUSE FOR DISCIPLINE

(Sexual misconduct)

7. Respondent is subject to disciplinary action under section 2960, subdivision (o), in that he has engaged in acts of sexual misconduct with a patient which are substantially related to the qualifications, functions, or duties of a psychologist. The circumstances are as follows:

A. In or around December 1997, patient J. began contacting various counseling centers for the purpose of finding a therapist to treat her young son who had behavioral problems which were affecting the entire family; eventually she was referred to respondent. J. and her son first saw respondent on or about January 2, 1998. It was decided during that session that some subsequent sessions would involve full family counseling, which would include J.'s daughter as well as J.'s boyfriend with whom J. and her children were living at that time. It was also decided that J. would see respondent alone to work on her own issues. Because of insurance reasons, respondent could only see the son twice a month; however, J.'s solo sessions with him would be scheduled weekly.

B. The above schedule of sessions continued until February. Around the middle of the month, J. and her children moved out of her boyfriend's home at his request. J. was very depressed at this development, and experienced suicidal feelings. On or about February 10, 1998, upon completion of the move, she contacted respondent by telephone and expressed her difficulty with the situation. The boyfriend also spoke to respondent over the phone at this time. Respondent instructed the boyfriend to help J. with her problems. The boyfriend told respondent that he was not able to help her due to his own problems. Respondent then told the boyfriend that if J. killed herself, it would be

1 the boyfriend's fault. After this conversation, the boyfriend refused to participate in any
2 more therapy sessions with respondent. J. continued to see respondent individually on a
3 weekly basis, and with her children approximately twice a month.

4 C. Beginning in or around early March 1998, respondent began
5 calling J. at her home, usually to inquire as to how she was doing. If J. was not home,
6 respondent would leave a message asking her to page him. The frequency of the calls
7 quickly increased from a few times a week to at least once daily. In the next few weeks,
8 the content of the calls started to include respondent's expressions of caring for J.,
9 compliments, and, during the occasions when respondent had to leave a message,
10 questions on what J. had been doing while she was out.

11 D. During the same time period, the content of the therapy sessions
12 also changed. Respondent began talking much more about himself, and sharing with J.
13 details of his own personal life, including his marriages, his childhood, his schooling, and
14 his employment history. Respondent also began telling J. about some of his other
15 patients and their problems, although he never used any names; previously, while the
16 boyfriend was still coming to the sessions, respondent had told them about several
17 famous people who were also treating or who had been treated at the therapy center.

18 E. By April 1998, respondent's calls had increased in frequency to
19 multiple times daily, and respondent's questions and comments about J. became more
20 intimate and took on more of a sexual nature during both the calls and the concurrent
21 therapy sessions. Respondent also began touching J. more often during and after
22 sessions, including hugging. Respondent usually scheduled all of J.'s sessions, both solo
23 and family, at night or on weekend mornings when there were few or no other people at
24 the center.

25 F. At a family session on or about April 26, 1998, while J.'s children
26 were locked out in an adjacent room, respondent kissed J. for the first time. During the
27 session, respondent also undid J.'s shirt and bra and placed his mouth on her breasts, and
28 lifted up her skirt and placed his hands on her thighs.

1 G. During J.'s next visit, a solo session on or about May 1, 1998,
2 respondent led her into another office at the center and directed her to sit down on a
3 recliner. Respondent told her to calm down and then approached to kiss her. Respondent
4 began to touch her all over, and then in a sudden movement he pushed up her skirt,
5 unzipped and dropped his pants, pulled down his briefs, and penetrated her vaginally with
6 his penis. Penetration lasted approximately three minutes, after which respondent jumped
7 up and went to the restroom to wash himself, while J. left the center.

8 H. During the next three months (through late July 1998), respondent
9 and J. had sexual intercourse on approximately eight (8) other occasions. Approximately
10 half of these occurred at the center, either in respondent's office or in the other office
11 described above. The rest of the encounters took place at J.'s home, where respondent
12 would sometimes appear uninvited and without advance notice. The phone calls also
13 continued during this period of time. Respondent repeatedly told J. that she should tell
14 no one about what they were doing. He also told her that his wife had noticed that he had
15 the scent of another woman's perfume on him when he had gone home after one of their
16 sexual encounters, and that it had resulted in an argument.

17 I. On or about July 24, 1998, respondent and J. had a phone
18 conversation about J.'s plans to go out drinking that evening with a girlfriend.
19 Respondent attempted to discourage her from going, but J. decided she would go, so
20 respondent made her promise to call him when she got home. J. did call respondent when
21 she got home around 11:30 p.m. by contacting his exchange. Both respondent and his
22 wife came on the phone, and an argument ensued, which resulted in J. hanging up. A
23 short time later, respondent called J. to tell her that because he and his wife had gotten "in
24 a big fight" he would be spending the night at the office and he would call her in the
25 morning. Instead of calling her, respondent came to J.'s home the next day and that had
26 sexual intercourse for the last time.

27 J. Subsequent to that incident, J. decided to discontinue therapy with
28 respondent. Although several follow-up appointments were made, none were kept. The

1 last family session occurred on or about June 28, 1998; the last solo session occurred on
2 or about July 12, 1998.

3 K. At no time during respondent's treatment of J. did he discuss the
4 issues of transference and counter-transference with her, despite his own
5 acknowledgment that he believed J. was experiencing sexual feelings for him, that she
6 contacted him frequently by phone, and that he had admitted that he had gone to her
7 home on at least one occasion, allegedly for a session.

8
9 SECOND CAUSE FOR DISCIPLINE

10 (Gross negligence)

11 8. Respondent is subject to disciplinary action under section 2960,
12 subdivision (j), in that respondent has committed acts of gross negligence during his treatment of
13 a patient. The circumstances are as follows:

14 A. Paragraph 7, subparagraphs (A)-(K) are incorporated by reference
15 as if set forth in full.

16 B. Respondent has subjected his license to discipline in that:

17 i) He engaged in sexual relations and acts of sexual misconduct
18 with a patient;

19 ii) He made numerous and repeated self-disclosures during
20 therapy sessions;

21 iii) He repeatedly phoned a patient at home, and allowed that
22 patient to repeatedly phone him, and discussed matters unrelated to therapy, and
23 without setting any boundaries and/or addressing the issues in therapy;

24 iv) He visited a patient's home unannounced and for reasons
25 unrelated to therapy; and

26 v) He failed to adequately address the issues of transference and
27 counter-transference with a patient despite clear indications that such phenomena
28 were taking place.

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THIRD CAUSE FOR DISCIPLINE

(Repeated acts of negligence)

9. Respondent is subject to disciplinary action under section 2960, subdivision (r), in that respondent has committed repeated acts of negligence during his treatment of a patient. The circumstances are as follows:

A. Paragraph 7, subparagraphs (A)-(K) are incorporated by reference as if set forth in full.

B. Respondent has subjected his license to discipline in that:

i) He engaged in sexual relations and acts of sexual misconduct with a patient;

ii) He made numerous and repeated self-disclosures during therapy sessions;

iii) He repeatedly phoned a patient at home, and allowed that patient to repeatedly phone him, and discussed matters unrelated to therapy, and without setting any boundaries and/or addressing the issues in therapy;

iv) He visited a patient's home unannounced and for reasons unrelated to therapy; and

v) He failed to adequately address the issues of transference and counter-transference with a patient despite clear indications that such phenomena were taking place.

FOURTH CAUSE FOR DISCIPLINE

(Unauthorized communication)

10. Respondent is subject to disciplinary action under section 2960, subdivision (h), in that respondent has without authorization disclosed information received in professional confidence. The circumstances are as follows:

A. Paragraph 7, subparagraphs (A)-(K) are incorporated by reference as if set forth in full.

PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Psychology issue a decision:

1. Revoking or suspending Psychologist's license Number PSY 13617, issued to William Kea, Ph.D.;
2. Ordering William Kea, Ph.D. to pay the Board of Psychology the reasonable costs of the investigation and enforcement of this case, and, if placed on probation, the costs of probation monitoring;
3. Taking such other and further action as the Board of Psychology deems necessary and proper.

DATED: July 26, 2000



THOMAS S. O'CONNOR
Executive Officer
Board of Psychology
Department of Consumer Affairs
State of California
Complainant

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